


POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

Title of Invention	Wrist-worn System for Measuring Blood Pressure												
First Named Applicant :	Matthew J Banet												
Attorney Docket Number :	A-0004												
<p>We hereby appoint the registered practitioner(s) at Customer Number:</p> <p>42168</p> 													
<p>as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>We are the Applicants/Inventors.</p> <p>Full Names of Applicants of Record:</p> <table border="1"><tr><td colspan="2">Matthew J Banet</td></tr><tr><td>Signature: /mjb/</td><td>Date: 2004-03-23</td></tr><tr><td colspan="2">Henk Visser</td></tr><tr><td>Signature: /hv/</td><td>Date: 2004-03-23</td></tr><tr><td colspan="2">Robert Murad</td></tr><tr><td>Signature: /rm/</td><td>Date: 2004-03-25</td></tr></table>		Matthew J Banet		Signature: /mjb/	Date: 2004-03-23	Henk Visser		Signature: /hv/	Date: 2004-03-23	Robert Murad		Signature: /rm/	Date: 2004-03-25
Matthew J Banet													
Signature: /mjb/	Date: 2004-03-23												
Henk Visser													
Signature: /hv/	Date: 2004-03-23												
Robert Murad													
Signature: /rm/	Date: 2004-03-25												

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Matthew J. BANET
Title	WRIST WORN SYSTEM FOR MEASURING
Art Unit	
Examiner Name	
Attorney Docket Number	A-0004

I hereby appoint:

☒ Practitioners associated with the Customer Number:

42168

OR

☐ Practitioner(s) named below:

Name	Registration Number

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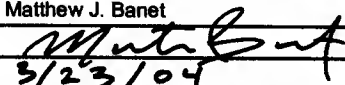
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
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Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Matthew J. Banet		
Signature			
Date	3/23/04	Telephone	(619) 733-7689

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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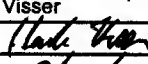
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Name	Henk Visser		
Signature			
Date	3/23/04	Telephone	

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Individual Name

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Address

City

State

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Country

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Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

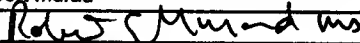
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Robert Murad

Signature



Date

3-25-04

Telephone

858 452-1301

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